**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m^2</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:**

- [ ] To be given:
- [ ] Cycle #:

**Date of Previous Cycle:**

- [ ] Delay treatment ______ week(s)
- [ ] CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 24 hours ANC greater than or equal to 1 x 10^9/L, Platelets greater than 100 x 10^9/L, Creatinine Clearance greater than or equal to 60 mL/min (if using CisPlatin).

Dose modification for:

- [ ] Hematology
- [ ] Other Toxicity: _____________________________

Proceed with treatment based on blood work from _____________________________

**PREMEDICATIONS:**

- Patient to take own supply. RN/Pharmacist to confirm ____________________________.
- [ ] Ondansetron 8 mg PO prior to treatment
- [ ] Dexamethasone 8 mg or 12 mg (circle one) prior to treatment
- [ ] Prochlorperazine 10 mg PO prior to treatment
- [ ] Other:

  **”Have Hypersensitivity Reaction Tray and Protocol Available”**

**CHEMOTHERAPY:**

- Gemcitabine 1000 mg/m^2/day x BSA = ______ mg
  - [ ] Dose Modification: ______% = ______ mg/m^2/day x BSA = ______ mg
  - IV in 250 mL NS over 30 minutes on Day 1 and Day 8

- CisPlatin 25 mg/m^2/day x BSA = ______ mg
  - [ ] Dose Modification: ______% = ______ mg/m^2/day x BSA = ______ mg
  - IV in 100 mL NS IV over 30 minutes on Days 1 and Day 8

OR

- CarboPlatin AUC 5 x (GFR + 25) = ______ mg IV in 250 mL NS over 30 minutes Day 1

**DOSE MODIFICATION REQUIRED ON DAY 8:**

- Gemcitabine 1000 mg/m^2/day x BSA = ______ mg
  - [ ] Dose Modification: ______% = ______ mg/m^2/day x BSA = ______ mg
  - IV in 250 mL NS over 30 minutes on Day 8

- CisPlatin 25 mg/m^2/day x BSA = ______ mg (not applicable if CarboPlatin Day 1)
  - [ ] Dose Modification: ______% = ______ mg/m^2/day x BSA = ______ mg
  - IV in 100 mL NS IV over 30 minutes on Day 8

**RETURN APPOINTMENT ORDERS**

- [ ] Return in three weeks for Doctor and Cycle ______. Book chemo Day 1 & 8.
- [ ] Last Cycle. Return in ______ week(s).

CBC & Diff, Platelets, Creatinine, Bilirubin prior to Day 1
CBC & Diff, Platelets, Creatinine prior to Day 8
If clinically indicated: [ ] CA19-9

[ ] Other tests:
[ ] Consults:
[ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**